

**FEC
FORM 3**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**
For An Authorized Committee

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SECRETARY OF THE SENATE
PUBLIC RECORDS

12 OCT 22 PM 2:35

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1. NAME OF COMMITTEE (in full) **TYPE OR PRINT ▼** Example: If typing, type over the lines. 12FE4M5
Andrews for Senate

ADDRESS (number and street) 215 Fourth Ave.
Check if different than previously reported. (ACC) Haddon Heights NJ 08035

2. **FEC IDENTIFICATION NUMBER ▼** C C00448654
3. **IS THIS REPORT** X **NEW (N)** OR **AMENDED (A)**
CITY STATE ZIP CODE
STATE ▼ DISTRICT
NJ 01

4. **TYPE OF REPORT (Choose One)**
(a) Quarterly Reports:
April 15 Quarterly Report (Q1)
July 15 Quarterly Report (Q2)
X October 15 Quarterly Report (Q3)
January 31 Year-End Report (YE)
Termination Report (TER)
(b) 12-Day **PRE-Election** Report for the:
Primary (12P) General (12G) Runoff (12R)
Convention (12C) Special (12S)
Election on M M / D D / Y Y Y Y in the State of
(c) 30-Day **POST-Election** Report for the:
General (30G) Runoff (30R) Special (30S)
Election on M M / D D / Y Y Y Y in the State of

5. Covering Period M M / D D / Y Y Y Y 07 01 2012 through M M / D D / Y Y Y Y 09 30 2012

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Type or Print Name of Treasurer Ms. Robyn A. D. Ferdinand
Signature of Treasurer Ms. Robyn A. D. Ferdinand Date 10 13 2012

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.
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FEC FORM 3 (Revised 02/2003)
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